



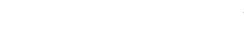
PTO/SB/01A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:						
This declaration is directed to:						
	☑ The attached application, or					
	as amended on		(if applicable);			
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;						
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;						
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and						
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF INVEN	TOR(S)	////				
	CODILIAN	Whi	Godilia-			
Signature:	Codilian	Citizen of: U	INITED STATES			
Inventor two:	AREEN					
Signature:	£200	Citizen of:	UNITED STATES			
Inventor three:						
Signature:		Citizen of:				
Inventor four:						
Signature:		Citizen of:				
Additional inventors are b	eing named on	additional form(s)	attached hereto.			

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box

PTO/SB/81 (10-00) Approved for use through 10/31/2002. OMB 0651-0035

. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNKNOWN	
Filing Date	HEREWITH	
First Named Inventor	RAFFI CODILIAN	
Group Art Unit	UNKNOWN	
Examiner Name	UNKNOWN	
Attorney Docket Number	K35A0824	

I hereby appoint:							
Practitioners at Customer Number 26332  OR Practitioner(s) named below:	Place Customer Number Bar Code Label here						
	Registration Number						
Name Name	Registration Number						
- 1910 1910 1910 1910 1910 1910 1910 1910 1910 1910 1910 1910							
***							
.as my/our attorney(s) or agent(s) to prosecute the applicatio	n identified above, and to transact all						
business in the United States Patent and Trademark Office	connected therewith.						
Please change the correspondence address for the above-id	entified application to:						
The above-mentioned Customer Number.	onthica approalien to.						
OR							
Firm or Individual Name							
Address							
Address							
City	State Zip						
Country	,						
Telephone	Fax						
I am the:							
Applicant/Inventor.							
- Application to the control of the							
Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form	PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record							
REFER CODILIVAY							
Name W//2 // ///							
Signature Sufffy Haddia							
Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
forms if more than one signature is required, see below.	forms if more than one signature is required, see below*.						
Total offorms are submitted.							
	<del></del>						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box -

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	UNKNOWN	
Filing Date	HEREWITH	
First Named Inventor	RAFFI CODILIAN	
Group Art Unit	UNKNOWN	
Examiner Name	UNKNOWN	
Attorney Docket Number	K35A0824	

I hereby appoint:								
Practitioners at Customer Number 26332  OR	Place Customer Number Bar Code Label here							
Practitioner(s) named below:								
Name	Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR								
Firm or Individual Name								
Address								
Address								
City	State Zip							
Country								
Telephone	Fax							
I am the:								
Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name ANIL SAREEN								
Signature Aux Ma								
Date 6/21/2001								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
✓ *Total offorms are submitted.								
	<del> </del>							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.